

**AREA MANAGEMENT EVALUATION**

**OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

AREA Valley Division	DIVISION Valley Division	NUMBER 216
EVALUATED BY Carte		DATE 11/11/2008

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW 	
<input type="checkbox"/> Correction Report BY _____		DATE 11/18/08	
1. COMMAND INVOLVEMENT		EVALUATED	ACTION REQUIRED
			CORRECTED

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☐ Yes ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force? ☐ Yes ☐ No

(2) Does the safety record of the command reflect an awareness of proper tactics? ☐ Yes ☐ No

(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☐ Yes ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☐ Yes ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☐ Yes ☐ No

(2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☐ Yes ☐ No

(a) Do they attend officer safety training sessions? ☐ Yes ☐ No

(b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION	EVALUATED Carte	ACTION REQUIRED No	CORRECTED
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a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☒ Yes ☐ No

(b) Handcuffing. ☒ Yes ☐ No

(c) Use of safety equipment. ☒ Yes ☐ No

(d) Suspect control. ☒ Yes ☐ No

(e) High risk and felony stops. ☒ Yes ☐ No

(f) Hostage control. ☒ Yes ☐ No

(g) Prisoner transportation. ☒ Yes ☐ No

(h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?	Quarterly training completed.	

(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>3. SAFETY EQUIPMENT</b>	EVALUATED Carte	ACTION REQUIRED No	CORRECTED
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. FIREARMS</b>	EVALUATED Carte	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?	N/A	
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. PHYSICAL METHODS OF ARREST</b>	EVALUATED Carte	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. ENFORCEMENT TACTICS</b>	EVALUATED Carte	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. PURSUITS</b>	EVALUATED Carte	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. FORCIBLE STOPS</b>	EVALUATED Carte	ACTION REQUIRED No	CORRECTED
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>9. ROADBLOCKS</b>	EVALUATED Carte	ACTION REQUIRED No	CORRECTED
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>10. RADIO FAMILIARIZATION</b>	EVALUATED Carte	ACTION REQUIRED No	CORRECTED
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Firearms 4b: A training deficiency report was completed through ETRS. The report indicated that several uniformed personnel were out of compliance (several over 1 year) with quarterly pistol shoots. See attached roster.

ETRS records need to be updated to reflect accurate vest expirations.

AREA 214	DIVISION Valley	NUMBER 201
EVALUATED BY Dickinson		DATE 11/10/2008

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW  A/c DATE 11/18/08	
<input type="checkbox"/> Correction Report BY _____		EVALUATED	ACTION REQUIRED CORRECTED

### 1. COMMAND INVOLVEMENT

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☐ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☐ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☐ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☐ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☐ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☐ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☐ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☐ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

### 2. TRAINING AND CERTIFICATION

EVALUATED 11/05/08	ACTION REQUIRED	CORRECTED
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- a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes ☐ No
- (b) Handcuffing. ☒ Yes ☐ No
- (c) Use of safety equipment. ☒ Yes ☐ No
- (d) Suspect control. ☒ Yes ☐ No
- (e) High risk and felony stops. ☒ Yes ☐ No
- (f) Hostage control. ☒ Yes ☐ No
- (g) Prisoner transportation. ☒ Yes ☐ No
- (h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a thorough review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?	This is a small unit without an OST instructor. They will be sending an officer in January 2009.	

(5) Have the supervisor and his/her alternate received proper training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>3. SAFETY EQUIPMENT</b>	EVALUATED 11/10/08	ACTION REQUIRED CORRECTED
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. FIREARMS</b>	EVALUATED 11/05/08	ACTION REQUIRED
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Has that officer received Academy training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. PHYSICAL METHODS OF ARREST</b>	EVALUATED 11/05/08	ACTION REQUIRED
a. Do officers practice weaponless defense?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

c. Were observations of practical handcuffing techniques made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. ENFORCEMENT TACTICS</b>	EVALUATED 11/10/08	ACTION REQUIRED	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Is the violator completely controlled?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. PURSUITS</b>	EVALUATED 11/10/08	ACTION REQUIRED	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>8. FORCIBLE STOPS</b>	EVALUATED 11/10/08	ACTION REQUIRED CORRECTED
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. ROADBLOCKS</b>	EVALUATED 11/10/08	ACTION REQUIRED CORRECTED
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>10. RADIO FAMILIARIZATION</b>	EVALUATED 11/10/08	ACTION REQUIRED CORRECTED
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

1. No range officer. Area shoots with Valley Division. 2. No OST officer. Sending one to training January 2009.

# AREA MANAGEMENT EVALUATION

## OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

AREA Auburn	DIVISION Valley	NUMBER 220
EVALUATED BY Dickinson / Carte		DATE 08/13/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 10/03/2008	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW DATE _____

### 1. COMMAND INVOLVEMENT

EVALUATED 08/13/2008	ACTION REQUIRED	CORRECTED
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a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes    ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes    ☐ No

(2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes    ☐ No

(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes    ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes    ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes    ☐ No

(2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes    ☐ No

(a) Do they attend officer safety training sessions? ☒ Yes    ☐ No

(b) If they are not involved in officer safety, what are the reasons?

### 2. TRAINING AND CERTIFICATION

EVALUATED 08/13/2008	ACTION REQUIRED 10/03/2008	CORRECTED
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a. Do training records indicate formal training has been received and certified? ☐ Yes    ☒ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☐ Yes    ☒ No

(b) Handcuffing. ☐ Yes    ☒ No

(c) Use of safety equipment. ☐ Yes    ☒ No

(d) Suspect control. ☐ Yes    ☒ No

(e) High risk and felony stops. ☐ Yes    ☒ No

(f) Hostage control. ☐ Yes    ☒ No

(g) Prisoner transportation. ☐ Yes    ☒ No

(h) Radio control head operation. ☐ Yes    ☒ No

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**3. SAFETY EQUIPMENT**EVALUATED  
08/13/2008

ACTION REQUIRED

CORRECTED

a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4. FIREARMS**

EVALUATED

08/13/2008

ACTION REQUIRED

10/3/2008

CORRECTED

a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. PHYSICAL METHODS OF ARREST</b>	EVALUATED 08/13/2008	ACTION REQUIRED
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. ENFORCEMENT TACTICS</b>	EVALUATED 08/13/2008	ACTION REQUIRED	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7. PURSUITS</b>	EVALUATED 08/13/2008	ACTION REQUIRED	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	



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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>8. FORCIBLE STOPS</b>	EVALUATED 08/13/2008	ACTION REQUIRED CORRECTED
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. ROADBLOCKS</b>	EVALUATED 08/13/2008	ACTION REQUIRED CORRECTED
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>10. RADIO FAMILIARIZATION</b>	EVALUATED 08/13/2008	ACTION REQUIRED CORRECTED
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

2. ETRS not current for several officers, shoots not entered, equipment not entered into ETRS.

4. Rifle in vehicle needed cleaning, rifle magazine had sticky foreign substance on rounds. Round would not feed. Less lethal shotguns need to have ten rounds in case, only five rounds found in each of the cases.

# AREA MANAGEMENT EVALUATION

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AREA 221	DIVISION Valley	NUMBER
EVALUATED BY C. Wurster		DATE 12/19/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY: _____	COMMANDER'S REVIEW DATE

### 1. COMMAND INVOLVEMENT

	EVALUATED	ACTION REQUIRED	CORRECTED
a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the commander stress importance of proper enforcement tactics, including use of force?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Does the safety record of the command reflect an awareness of proper tactics?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Do the captain and lieutenants maintain a minimum level of enforcement skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do they attend officer safety training sessions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) If they are not involved in officer safety, what are the reasons?			

### 2. TRAINING AND CERTIFICATION

	EVALUATED	ACTION REQUIRED	CORRECTED
a. Do training records indicate formal training has been received and certified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:			
(a) Searching techniques.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Handcuffing.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(c) Use of safety equipment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(d) Suspect control.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(e) High risk and felony stops.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(f) Hostage control.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(g) Prisoner transportation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(h) Radio control head operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) What is the quality and quantity of the training being given?	Fist suits., simmunintions, ASP pads and foam ASP would enhance the quality of training.	

(5) Have the supervisor and his/her alternate received proper training?

☒ Yes ☐ No

### 3. SAFETY EQUIPMENT

	EVALUATED	ACTION REQUIRED	CORRECTED
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<i>N/A</i> <input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<i>N/A</i> <input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

4. FIREARMS	EVALUATED	ACTION REQUIRED	CORRECTED
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are shoots conducted as required by policy? <i>MISSING SHOTS DUE TO RANGE BEING CLOSED</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)? ☒ Yes ☐ No

(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)? ☒ Yes ☐ No

(a) Once done, was the disposition of any unused ammunition verified for those training days tested? ☒ Yes ☐ No

(5) Are records kept updated as training takes place? ☒ Yes ☐ No

(6) Is training recorded on the employee's CHP 270 and in ETRS? ☒ Yes ☐ No

(7) Is required information recorded in accordance with established guidelines and instructions? ☒ Yes ☐ No

(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)? ☒ Yes ☐ No

h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory? ☒ Yes ☐ No

(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition? ☒ Yes ☐ No

(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee? ☒ Yes ☐ No

i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?

(1) If RP handles ammunition, are proper accountability procedures in place? ☐ Yes ☒ N/A ☐ No

j. Are required inspections conducted in conjunction with the annual CHP 118? ☒ Yes ☐ No

(1) Is a second inspection of the primary firearm conducted every six months? ☒ Yes ☐ No

## 5. PHYSICAL METHODS OF ARREST

EVALUATED

ACTION REQUIRED

CORRECTED

a. Do officers practice weaponless defense? ☒ Yes ☐ No

(1) Are officers familiar with the opponent's five weakest points? ☒ Yes ☐ No

(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense? ☐ Yes ☒ N/A ☐ No

b. Were demonstrations of the following control techniques by officers observed:

(1) Control holds. ☒ Yes ☐ No

(2) Punches. ☒ Yes ☐ No

(3) Strikes. ☒ Yes ☐ No

(4) Blocks. ☒ Yes ☐ No

(5) Defensive kicks. ☒ Yes ☐ No

(6) Defenses against grabs. ☒ Yes ☐ No

(7) Defenses against weapons. ☒ Yes ☐ No

(8) Ground defense and takedowns. ☒ Yes ☐ No

(9) Placing and removing suspects into and from vehicles. ☒ Yes ☐ No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed? <i>NO INCIDENTS</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

6. ENFORCEMENT TACTICS	EVALUATED	ACTION REQUIRED	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

7. PURSUITS	EVALUATED	ACTION REQUIRED	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

## AREA MANAGEMENT EVALUATION

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(1) Are any written agreements on file? ☐ Yes ☒ No

(2) Is Division involved in the planning process? ☐ Yes ☒ No

(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command? ☐ Yes ☒ No

#### 8. FORCIBLE STOPS

EVALUATED

ACTION REQUIRED

CORRECTED

a. Are Area personnel knowledgeable regarding the policy on forcible stops? ☒ Yes ☐ No

(1) Does the Area follow departmental policy? ☒ Yes ☐ No

(2) Have forcible stop reports been reviewed for compliance with policy? ☒ Yes ☐ No

(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?

*NO INCIDENTS OF NON-COMPLIANCE*

☐ Yes ☒ No *N/A*

#### 9. ROADBLOCKS

EVALUATED

ACTION REQUIRED

CORRECTED

a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip? ☐ Yes ☒ No

(1) Are strategic points and personnel assignments outlined? ☒ Yes ☐ No

(2) Have the officers received instructions on the proper methods of establishing roadblocks? ☒ Yes ☐ No

(3) Have interagency training sessions been conducted? ☐ Yes ☒ No

#### 10. RADIO FAMILIARIZATION

EVALUATED

ACTION REQUIRED

CORRECTED

a. Are officers familiar with all aspects of the radio control head? ☒ Yes ☐ No

b. Can officers demonstrate how to change the radio from their home Area to another Area/Division? ☒ Yes ☐ No

c. Can officers efficiently operate all emergency equipment from the radio head? ☒ Yes ☐ No

See attached narrative.



## OFFICER SAFETY EVALUATION 12-19-08

### 1) Command Involvement

- a. There is excellent command awareness of everything going on out on the road. 100 and 118 forms consistently include OST comments and the rare negative incident has been handled accordingly.

### 2) Training and Certification

- a. The annual PMA recertifications were recently completed in November, and all uniformed employees will be scheduled in March 2009 for the new, revised PMA program. Three officers (Nishimi, Brown, Kettwig) are scheduled for instructor certification classes for the new program in January and February. Additionally, Nishimi will be assuming all training coordinator duties as of 01-01-09. The lack of injuries and negative incidents is testament to good safety practices in the Area, although improvement and extra training is never a bad idea.

### 3) Safety Equipment

- a. All uniformed personnel wear body armor and carry OC. The Tasers are carried when available, which is almost 100% of the time. Sergeant's rarely carry Tasers so that field units are equipped with them. The Area Commander recently requested, and received, two additional Tasers which increases availability for the Sergeants. Everyone has fresh OC and they know proper procedures to be implemented if it is used. Most officers in the Area carry the ASP batons instead of the PR 24.

### 4) Firearms

- a. The Area unfortunately fell behind in shoots for a variety of reasons. The primary reason was the closure of our range due to a fire. During the summer months, few personnel were available for range training due to vacations, and the need to provide COZEEP coverage. An alternate range facility was utilized in the Truckee Area for a few make up shoots. Long term use of that range is problematic due to the distance and snow covering the area during the winter months. On a more positive note, all uniformed employees is competent with all Departmental firearms. There are no difficulties hitting small steel targets or combat targets, unholstering and reloading skills are good, and target acquisition skills are good. Ammo inventories are accurate down to each bullet and quarterly inventories are up to date. 416 forms match 415 records for training. The annual firearms inventory has been clean for at least a decade. There is one rifle and one shotgun for each patrol car, with no others available as replacements. The Area weapons locker is a wooden cabinet secured with a simple padlock. The cabinet hinges are exposed to the outside of the cabinet and stored rifles/shotguns could easily be acquired by a committed thief.
- b.

5) Physical Methods of Arrest

- a. All uniformed employees have demonstrated an ability to pass the 199 requirements to at least minimal levels. The Area has a solid record of not having had any injuries during arrest situations in several years.

6) Enforcement Tactics

- a. Every year, Gold Run Area experiences a number of felony stops and pursuits. Again, no injuries or patrol vehicle collisions during these situations in many years. Suspects taking foot bail also have a low rate of escape, a by-product of a senior office.

7) Pursuits

- a. Quarterly review is current and everyone is well versed in what is expected. No negative incidents to report again, for many years.

8) Forcible Stops

- a. The last forcible stop occurred many years ago when Officer C. Crabtree #13213 conducted a successful PIT maneuver.

9) Roadblocks

- a. No incidents to report in collective memory.

10) Radio Familiarization

- a. No cadets are assigned to Gold Run and all uniformed employees are well versed in radio use.

Overall, the training program is run to the best of my ability. When I compare my records to those of officers transferring in to Gold Run, I look better than I am. Nishimi will do a good job with the program – he's smart, hard working and conscientious. He has Brown and Kettwig backing him up, and they are also hard workers. The biggest problem that I have faced is the lack of time to commit to some hard core training. Now that the 12 hour shifts have been implemented, Sgt. Heavyside and I have discussed some changes that I think will improve things.

C. Wurster #12427

6-25-08

V. to see.  
eg. record  
etc.**M e m o r a n d u m****C O N F I D E N T I A L**

Date: April 7, 2008

To: Truckee Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Valley Division

File No.: 201.10916.15583.08-150

Subject: CHAPTER 15 FORMAL INSPECTION RESULTS/ACTION ITEMS

Attached are the results of the recent Chapter Inspection conducted on your command during the first quarter of 2008. Evaluators have provided two recommendations/action items for improvement. As these are minor in nature, a Division suspense date of June 30, 2008, has been established. Area will be responsible to ensure the corrective actions are implemented and a report on status is generated to Division by the date indicated above.

If you have any questions on the contents of either report, please do not hesitate to contact Assistant Chief Segura or Sergeant Jaeson White, at (916) 464-2090.



A. S. CUEVAS, Chief

Attachments

*Safety, Service, and Security*

# AREA MANAGEMENT EVALUATION

## OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

AREA Truckee	DIVISION Valley	NUMBER 222
EVALUATED BY Officer Carte and Officer Bews		DATE 09/17/2008

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW DATE
1. COMMAND INVOLVEMENT		EVALUATED	ACTION REQUIRED
			CORRECTED

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☐ Yes    ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force? ☐ Yes    ☐ No

(2) Does the safety record of the command reflect an awareness of proper tactics? ☐ Yes    ☐ No

(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☐ Yes    ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☐ Yes    ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☐ Yes    ☐ No

(2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☐ Yes    ☐ No

(a) Do they attend officer safety training sessions? ☐ Yes    ☐ No

(b) If they are not involved in officer safety, what are the reasons?

## 2. TRAINING AND CERTIFICATION

EVALUATED Officer Carte	ACTION REQUIRED N/A	CORRECTED
----------------------------	------------------------	-----------

a. Do training records indicate formal training has been received and certified? ☒ Yes    ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☒ Yes    ☐ No

(b) Handcuffing. ☒ Yes    ☐ No

(c) Use of safety equipment. ☒ Yes    ☐ No

(d) Suspect control. ☒ Yes    ☐ No

(e) High risk and felony stops. ☒ Yes    ☐ No

(f) Hostage control. ☒ Yes    ☐ No

(g) Prisoner transportation. ☒ Yes    ☐ No

(h) Radio control head operation. ☒ Yes    ☐ No

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a thorough review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?	Quarterly required training sessions are completed.	

(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. SAFETY EQUIPMENT</b>	EVALUATED Bews/Carte	ACTION REQUIRED Yes
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

4. FIREARMS	EVALUATED Officer Carte	ACTION REQUIRED N/A	CORRECTED
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? range shoots and quarterly training.	RP officer attends Area	
(1) If RP handles ammunition, are proper accountability procedures in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. PHYSICAL METHODS OF ARREST</b>	EVALUATED Ofc. Carte	ACTION REQUIRED N/A
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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c. Were observations of practical handcuffing techniques made? ☒ Yes ☐ No

(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative? ☒ Yes ☐ No

(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing? ☒ Yes ☐ No

d. Are all persons subjected to physical arrest searched for offensive weapons? ☒ Yes ☐ No

(1) Has the local jail's experience with CHP arrests been reviewed? ☒ Yes ☐ No

(2) Has a practical demonstration of preliminary frisks and thorough searches been observed? ☒ Yes ☐ No

(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy? ☒ Yes ☐ No

### 6. ENFORCEMENT TACTICS

EVALUATED  
Ofc. Carte

ACTION REQUIRED  
N/A

CORRECTED

a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop? ☒ Yes ☐ No

b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals? ☒ Yes ☐ No

(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented? ☒ Yes ☐ No

(a) Is the violator stop effectively made? ☒ Yes ☐ No

(b) Is the violator completely controlled? ☒ Yes ☐ No

(c) Is the prisoner properly prepared for transportation? ☒ Yes ☐ No

c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations? ☒ Yes ☐ No

(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction? ☒ Yes ☐ No

(2) Are officers aware of the need to maintain fire discipline at all times? ☒ Yes ☐ No

(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid? ☒ Yes ☐ No

(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents? ☒ Yes ☐ No

### 7. PURSUITS

EVALUATED  
Ofc. Carte

ACTION REQUIRED  
N/A

CORRECTED

a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits? ☒ Yes ☐ No

(1) Number of units? ☒ Yes ☐ No

(2) When to discontinue? ☒ Yes ☐ No

(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy? ☒ Yes ☐ No

(a) Where noncompliance is indicated, were corrective actions taken? ☒ Yes ☐ No

b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits? ☒ Yes ☐ No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8. FORCIBLE STOPS</b>	EVALUATED Ofc. Carte	ACTION REQUIRED N/A
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. ROADBLOCKS</b>	EVALUATED Ofc. Carte	ACTION REQUIRED N/A
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>10. RADIO FAMILIARIZATION</b>	EVALUATED Ofc. Carte	ACTION REQUIRED N/A
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Safety Equipment: Several officers' ETRS records did not reflect equipment issuance. Area needs to ensure that all state issued equipment is properly documented.

# AREA MANAGEMENT EVALUATION

## OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

AREA Stockton	DIVISION Valley	NUMBER 265
EVALUATED BY Carte and Bews		DATE 10/09/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DATE	
<input type="checkbox"/> Correction Report BY _____		COMMANDER'S REVIEW	
1. COMMAND INVOLVEMENT		EVALUATED	ACTION REQUIRED
			CORRECTED

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☐ Yes    ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force? ☐ Yes    ☐ No

(2) Does the safety record of the command reflect an awareness of proper tactics? ☐ Yes    ☐ No

(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☐ Yes    ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☐ Yes    ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☐ Yes    ☐ No

(2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☐ Yes    ☐ No

(a) Do they attend officer safety training sessions? ☐ Yes    ☐ No

(b) If they are not involved in officer safety, what are the reasons?

## 2. TRAINING AND CERTIFICATION

EVALUATED Carte	ACTION REQUIRED N/A	CORRECTED
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a. Do training records indicate formal training has been received and certified? ☒ Yes    ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☒ Yes    ☐ No

(b) Handcuffing. ☒ Yes    ☐ No

(c) Use of safety equipment. ☒ Yes    ☐ No

(d) Suspect control. ☒ Yes    ☐ No

(e) High risk and felony stops. ☒ Yes    ☐ No

(f) Hostage control. ☒ Yes    ☐ No

(g) Prisoner transportation. ☒ Yes    ☐ No

(h) Radio control head operation. ☒ Yes    ☐ No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a thorough review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?	Monthly required training.	

(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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### 3. SAFETY EQUIPMENT

	EVALUATED	ACTION REQUIRED	CORRECTED
	Carte and Bews	Yes	
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

4. FIREARMS	EVALUATED Carte	ACTION REQUIRED N/A	CORRECTED
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?	N/A	

(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>5. PHYSICAL METHODS OF ARREST</b>	EVALUATED Carte	ACTION REQUIRED N/A	CORRECTED
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Were demonstrations of the following control techniques by officers observed:			
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### 6. ENFORCEMENT TACTICS

EVALUATED

Carte

ACTION REQUIRED

N/A

CORRECTED

a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### 7. PURSUITS

EVALUATED

Carte

ACTION REQUIRED

N/A

CORRECTED

a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>8. FORCIBLE STOPS</b>	EVALUATED Carte	ACTION REQUIRED N/A	CORRECTED
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>9. ROADBLOCKS</b>	EVALUATED Carte	ACTION REQUIRED N/A	CORRECTED
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>10. RADIO FAMILIARIZATION</b>	EVALUATED Carte	ACTION REQUIRED N/A	CORRECTED
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Safety Equipment: Two patrol cars were checked. One patrol vehicle had one partial Saline bottle, the other did not have any Saline Solution.

Conductive Energy Weapon (CEW): CEW's are stored with air cartridges intact and in same locker. Pursuant to Valley Division SOP, CEW's shall be secured in a separate location than the CEW.

# AREA MANAGEMENT EVALUATION

## OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

AREA 240	DIVISION Valley Division	NUMBER 201
EVALUATED BY Dickinson		DATE 11/05/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE

### 1. COMMAND INVOLVEMENT

EVALUATED 11-5-08	ACTION REQUIRED	CORRECTED
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- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?
- ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force?
- ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics?
- ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?
- ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment?
- ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?
- ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills?
- ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions?
- ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

### 2. TRAINING AND CERTIFICATION

EVALUATED 11/05/08	ACTION REQUIRED	CORRECTED
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- a. Do training records indicate formal training has been received and certified?
- ☒ Yes ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes ☐ No
- (b) Handcuffing. ☒ Yes ☐ No
- (c) Use of safety equipment. ☒ Yes ☐ No
- (d) Suspect control. ☒ Yes ☐ No
- (e) High risk and felony stops. ☒ Yes ☐ No
- (f) Hostage control. ☒ Yes ☐ No
- (g) Prisoner transportation. ☒ Yes ☐ No
- (h) Radio control head operation. ☒ Yes ☐ No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### 3. SAFETY EQUIPMENT

EVALUATED  
11/05/08

ACTION REQUIRED

CORRECTED

a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. FIREARMS</b>	EVALUATED 11/05/08	ACTION REQUIRED
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**AREA MANAGEMENT EVALUATION**  
**OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. PHYSICAL METHODS OF ARREST</b>	EVALUATED 11/05/08	ACTION REQUIRED
a. Do officers practice weaponless defense?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

c. Were observations of practical handcuffing techniques made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. ENFORCEMENT TACTICS</b>	EVALUATED 11/05/08	ACTION REQUIRED	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Is the violator completely controlled?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. PURSUITS</b>	EVALUATED 11/05/08	ACTION REQUIRED	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**OFFICER SAFETY**  
CHP 453S (Rev. 6-06) OPI 009

(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8. FORCIBLE STOPS</b>	EVALUATED 11/05/08	ACTION REQUIRED CORRECTED
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. ROADBLOCKS</b>	EVALUATED 11/05/08	ACTION REQUIRED CORRECTED
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>10. RADIO FAMILIARIZATION</b>	EVALUATED 11/05/08	ACTION REQUIRED CORRECTED
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

1. Vehicles need saline solution. 2. Officer Garcia shows range in ETRS for 7/5/08, but 415 reflects overtime traffic control. 3. Area has had problems securing a range in the past and required shoots are behind as a result. This area has been handled. 4. PMA was very good.



## OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

AREA	DIVISION	NUMBER
San Andreas	Valley	255
EVALUATED BY		DATE
Carte		11/06/2008

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW  DATE 	
BY _____  <b>1. COMMAND INVOLVEMENT</b>		EVALUATED	ACTION REQUIRED CORRECTED

## 1. COMMAND INVOLVEMENT

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| a.  | Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) | Does the commander stress importance of proper enforcement tactics, including use of force?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) | Does the safety record of the command reflect an awareness of proper tactics?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) | Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b.  | Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) | Is this knowledge applied properly in critiques of incidents involving officers and sergeants?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) | Do the captain and lieutenants maintain a minimum level of enforcement skills?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) | Do they attend officer safety training sessions?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) | If they are not involved in officer safety, what are the reasons?   |                              |                             |

## 2. TRAINING AND CERTIFICATION

EVALUATED	ACTION REQUIRED	CORRECTED
Carte	N/A	

- |     |   |   |                             |
|-----|---|---|-----------------------------|
| a.  | Do training records indicate formal training has been received and certified?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) | Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for: |   |                             |
| (a) | Searching techniques.   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) | Handcuffing.  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) | Use of safety equipment.  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) | Suspect control.  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) | High risk and felony stops.   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) | Hostage control.  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) | Prisoner transportation.  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) | Radio control head operation.   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?	Required training provided at least quarterly.	
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**3. SAFETY EQUIPMENT**

	EVALUATED Carte	ACTION REQUIRED No	CORRECTED
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. FIREARMS</b>	EVALUATED Carte	ACTION REQUIRED No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?	RP trains with Area level.	

(1) If RP handles ammunition, are proper accountability procedures in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

5. PHYSICAL METHODS OF ARREST	EVALUATED	ACTION REQUIRED	CORRECTED
	Carte	No	
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Were demonstrations of the following control techniques by officers observed:			
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### 6. ENFORCEMENT TACTICS

EVALUATED  
Carte

ACTION REQUIRED  
No

CORRECTED

a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### 7. PURSUITS

EVALUATED  
Carte

ACTION REQUIRED  
No

CORRECTED

a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**8. FORCIBLE STOPS**

	EVALUATED Carte	ACTION REQUIRED No	CORRECTED
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**9. ROADBLOCKS**

	EVALUATED Carte	ACTION REQUIRED No	CORRECTED
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**10. RADIO FAMILIARIZATION**

	EVALUATED Carte	ACTION REQUIRED No	CORRECTED
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

## AREA MANAGEMENT EVALUATION

## OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

AREA	DIVISION	NUMBER
South Sacramento	Valley	252
EVALUATED BY		DATE
Kinoshita / Dickinson		08/05/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION		SUSPENSE DATE	
<input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation			
FOLLOW-UP REQUIRED	<input checked="" type="checkbox"/> Correction Report	COMMANDER'S REVIEW	DATE
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY December 31, 2008		
1. COMMAND INVOLVEMENT		EVALUATED	ACTION REQUIRED
		8/5/08	

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the commander stress importance of proper enforcement tactics, including use of force?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the safety record of the command reflect an awareness of proper tactics?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do the captain and lieutenants maintain a minimum level of enforcement skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they attend officer safety training sessions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If they are not involved in officer safety, what are the reasons?		

2. TRAINING AND CERTIFICATION	EVALUATED	ACTION REQUIRED	CORRECTED
	8/5/08		
a. Do training records indicate formal training has been received and certified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:			
(a) Searching techniques.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Handcuffing.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(c) Use of safety equipment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(d) Suspect control.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(e) High risk and felony stops.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(f) Hostage control.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(g) Prisoner transportation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(h) Radio control head operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	



## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a thorough review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### 3. SAFETY EQUIPMENT

EVALUATED  
8/5/08

ACTION REQUIRED

CORRECTED

a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. FIREARMS</b>	EVALUATED 8/5/08	ACTION REQUIRED January 2009
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		

(1) If RP handles ammunition, are proper accountability procedures in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

#### 5. PHYSICAL METHODS OF ARREST

EVALUATED  
8/5/08

ACTION REQUIRED

CORRECTED

a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>6. ENFORCEMENT TACTICS</b>	EVALUATED 8/5/08	ACTION REQUIRED	CORRECTED
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a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>7. PURSUITS</b>	EVALUATED	ACTION REQUIRED	CORRECTED
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a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>8. FORCIBLE STOPS</b>	EVALUATED 8/05/08	ACTION REQUIRED	CORRECTED
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>9. ROADBLOCKS</b>	EVALUATED 8/05/08	ACTION REQUIRED	CORRECTED
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>10. RADIO FAMILIARIZATION</b>	EVALUATED	ACTION REQUIRED	CORRECTED
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

4.g. FIREARMS - 311's not up to date. Departmental issue. Valley Division transitioned to TSW in October, therefore all weapons haven't been in the field a year as of the date of this inspection. Training officer has a plan to inspect every pistol between October 1, 2008 and Dec 31, 2008. After this period all pistols will be inspected according to HPM 70.8 in conjunction with the officer's anniversary date. SUSPENSE to January 2009.

**AREA MANAGEMENT EVALUATION**

**OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

AREA South Sacramento	DIVISION Valley	NUMBER 252
EVALUATED BY Kinoshita / Dickinson		

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INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/c form is used as a Correction Report, the "Correction" box should be initialed and dated as individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional co can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement accomplishments or corrective actions, unresolved items, problems or progress, and the e form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Correction Report BY December 31, 2008	COMMANDER'S REVIEW DATE

**1. COMMAND INVOLVEMENT**

EVALUATED 8/5/08	ACTION REQUIRED	CORRECTED
a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Does the commander stress importance of proper enforcement tactics, including use of force?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Does the safety record of the command reflect an awareness of proper tactics?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do the captain and lieutenants maintain a minimum level of enforcement skills?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Do they attend officer safety training sessions?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) If they are not involved in officer safety, what are the reasons?		

**2. TRAINING AND CERTIFICATION**

EVALUATED 8/5/08	ACTION REQUIRED	CORRECTED
a. Do training records indicate formal training has been received and certified?		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:		
(a) Searching techniques.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) Handcuffing.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(c) Use of safety equipment.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(d) Suspect control.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(e) High risk and felony stops.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(f) Hostage control.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(g) Prisoner transportation.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(h) Radio control head operation.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION  
OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Is any pattern of training weakness apparent?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) What is the quality and quantity of the training being given?			
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>3. SAFETY EQUIPMENT</b>	<b>EVALUATED</b> 8/5/08	<b>ACTION REQUIRED</b>	<b>CORRECTED</b>
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	



**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	[

**4. FIREARMS**EVALUATED  
8/5/08ACTION REQUIRED  
January 2009CORRECTED  
11/6/08

a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	[
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	[
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	[
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	[
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	[
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

#### 5. PHYSICAL METHODS OF ARREST

EVALUATED  
8/5/08

ACTION REQUIRED

CORRECTED

a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### 6. ENFORCEMENT TACTICS

EVALUATED

8/5/08

ACTION REQUIRED

CORRECTED

a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### 7. PURSUITS

EVALUATED

ACTION REQUIRED

CORRECTED

a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION  
OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>8. FORCIBLE STOPS</b>	EVALUATED 8/05/08	ACTION REQUIRED	CORRECTED
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>9. ROADBLOCKS</b>	EVALUATED 8/05/08	ACTION REQUIRED	CORRECTED
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>10. RADIO FAMILIARIZATION</b>	EVALUATED	ACTION REQUIRED	CORRECTED
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

4.g. FIREARMS - 311's not up to date. Departmental issue. Valley Division transitioned to TSW in October, therefore all weapons haven't been in the field a year as of the date of this inspection. Training officer has a plan to inspect every pistol between October 1, 2008 and Dec 31, 2008. After this period all pistols will be inspected according to HPM 70.8 in conjunction with the officer's anniversary date. SUSPENSE to January 2009.

# AREA MANAGEMENT EVALUATION

## OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

AREA 241	DIVISION VALLEY	NUMBER 201
EVALUATED BY DICKINSON		DATE 08/20/2008

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 10/06/2008	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW DATE _____
<b>1. COMMAND INVOLVEMENT</b>		EVALUATED 8/20/08	ACTION REQUIRED CORRECTED

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes    ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes    ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes    ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes    ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes    ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes    ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes    ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes    ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

## 2. TRAINING AND CERTIFICATION

EVALUATED 8/20/08	ACTION REQUIRED 10/6/08	CORRECTED
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- a. Do training records indicate formal training has been received and certified? ☒ Yes    ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes    ☐ No
- (b) Handcuffing. ☒ Yes    ☐ No
- (c) Use of safety equipment. ☒ Yes    ☐ No
- (d) Suspect control. ☒ Yes    ☐ No
- (e) High risk and felony stops. ☒ Yes    ☐ No
- (f) Hostage control. ☒ Yes    ☐ No
- (g) Prisoner transportation. ☒ Yes    ☐ No
- (h) Radio control head operation. ☒ Yes    ☐ No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do training records reflect certifications for officers and sergeants are current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Is any pattern of training weakness apparent?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) What is the quality and quantity of the training being given?			
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>3. SAFETY EQUIPMENT</b>	EVALUATED 8/20/08	ACTION REQUIRED 10/6/08	CORRECTED
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. FIREARMS</b>	<b>EVALUATED</b> 8/20/08	<b>ACTION REQUIRED</b> 10/6/08
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No





## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)? ☒ Yes ☐ No

(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)? ☒ Yes ☐ No

(a) Once done, was the disposition of any unused ammunition verified for those training days tested? ☒ Yes ☐ No

(5) Are records kept updated as training takes place? ☒ Yes ☐ No

(6) Is training recorded on the employee's CHP 270 and in ETRS? ☒ Yes ☐ No

(7) Is required information recorded in accordance with established guidelines and instructions? ☒ Yes ☐ No

(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)? ☒ Yes ☐ No

h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory? ☒ Yes ☐ No

(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition? ☒ Yes ☐ No

(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee? ☒ Yes ☐ No

i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?

(1) If RP handles ammunition, are proper accountability procedures in place? ☐ Yes ☐ No

j. Are required inspections conducted in conjunction with the annual CHP 118? ☒ Yes ☐ No

(1) Is a second inspection of the primary firearm conducted every six months? ☒ Yes ☐ No

### 5. PHYSICAL METHODS OF ARREST

EVALUATED  
8/20/08

ACTION REQUIRED

CORRECTED

a. Do officers practice weaponless defense? ☒ Yes ☐ No

(1) Are officers familiar with the opponent's five weakest points? ☒ Yes ☐ No

(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense? ☒ Yes ☐ No

b. Were demonstrations of the following control techniques by officers observed:

(1) Control holds. ☒ Yes ☐ No

(2) Punches. ☒ Yes ☐ No

(3) Strikes. ☒ Yes ☐ No

(4) Blocks. ☒ Yes ☐ No

(5) Defensive kicks. ☒ Yes ☐ No

(6) Defenses against grabs. ☒ Yes ☐ No

(7) Defenses against weapons. ☒ Yes ☐ No

(8) Ground defense and takedowns. ☒ Yes ☐ No

(9) Placing and removing suspects into and from vehicles. ☒ Yes ☐ No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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c. Were observations of practical handcuffing techniques made? ☒ Yes ☐ No

(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative? ☒ Yes ☐ No

(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing? ☒ Yes ☐ No

d. Are all persons subjected to physical arrest searched for offensive weapons? ☒ Yes ☐ No

(1) Has the local jail's experience with CHP arrests been reviewed? ☐ Yes ☒ No

(2) Has a practical demonstration of preliminary frisks and thorough searches been observed? ☒ Yes ☐ No

(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy? ☒ Yes ☐ No

### 6. ENFORCEMENT TACTICS

EVALUATED  
8/20/08

ACTION REQUIRED

CORRECTED

a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop? ☒ Yes ☐ No

b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals? ☒ Yes ☐ No

(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented? ☒ Yes ☐ No

(a) Is the violator stop effectively made? ☒ Yes ☐ No

(b) Is the violator completely controlled? ☒ Yes ☐ No

(c) Is the prisoner properly prepared for transportation? ☒ Yes ☐ No

c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations? ☒ Yes ☐ No

(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction? ☒ Yes ☐ No

(2) Are officers aware of the need to maintain fire discipline at all times? ☒ Yes ☐ No

(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid? ☒ Yes ☐ No

(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents? ☒ Yes ☐ No

### 7. PURSUITS

EVALUATED  
8/20/08

ACTION REQUIRED

CORRECTED

a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits? ☒ Yes ☐ No

(1) Number of units? ☒ Yes ☐ No

(2) When to discontinue? ☒ Yes ☐ No

(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy? ☒ Yes ☐ No

(a) Where noncompliance is indicated, were corrective actions taken? ☒ Yes ☐ No

b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits? ☒ Yes ☐ No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8. FORCIBLE STOPS</b>	EVALUATED 8/20/08	ACTION REQUIRED CORRECTED
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. ROADBLOCKS</b>	EVALUATED 8/20/08	ACTION REQUIRED CORRECTED
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>10. RADIO FAMILIARIZATION</b>	EVALUATED 8/20/08	ACTION REQUIRED CORRECTED
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

2a - ETRS indicates last range date for area was 5/22/08 (SEE 4b)

3a - Saline in vehicles expired March 2008, one bottle nearly empty

4b - Area out of compliance with policy regarding monthly shoots (last shoot 5/22/08) due to numerous wildfires placing constraints on area resources. Range offices have plan to bring all officers up to date.

4e - Area needs more effective means to control CEW signout. Area does individually assign CEW cartridges, which greatly helps with overall accountability.

# AREA MANAGEMENT EVALUATION

## OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

AREA North Sacramento	DIVISION Valley	NUMBER 250
EVALUATED BY Officer Carte and Officer Dickinson		DATE 09/16/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	
1. COMMAND INVOLVEMENT		EVALUATED	ACTION REQUIRED
			CORRECTED

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☐ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☐ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☐ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☐ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☐ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☐ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills?
- (a) Do they attend officer safety training sessions? ☐ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

## 2. TRAINING AND CERTIFICATION

EVALUATED Officer Carte	ACTION REQUIRED N/A	CORRECTED
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- a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes ☐ No
- (b) Handcuffing. ☒ Yes ☐ No
- (c) Use of safety equipment. ☒ Yes ☐ No
- (d) Suspect control. ☒ Yes ☐ No
- (e) High risk and felony stops. ☒ Yes ☐ No
- (f) Hostage control. ☒ Yes ☐ No
- (g) Prisoner transportation. ☒ Yes ☐ No
- (h) Radio control head operation. ☒ Yes ☐ No

# AREA MANAGEMENT EVALUATION

## OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?	Monthly required training sessions are completed.	

(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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### 3. SAFETY EQUIPMENT

EVALUATED Officer Dickinson	ACTION REQUIRED Yes	CORRECTED
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a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

# AREA MANAGEMENT EVALUATION

## OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## 4. FIREARMS

	EVALUATED Carte/Dickinson	ACTION REQUIRED Yes	CORRECTED
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Have steps been taken to correct training deficiencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	



## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?	N/A		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>5. PHYSICAL METHODS OF ARREST</b>	EVALUATED Ofc. Carte	ACTION REQUIRED N/A	CORRECTED
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Were demonstrations of the following control techniques by officers observed:			
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. ENFORCEMENT TACTICS</b>	EVALUATED Ofc. Carte	ACTION REQUIRED N/A
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. PURSUITS</b>	EVALUATED Ofc. Carte	ACTION REQUIRED N/A
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>8. FORCIBLE STOPS</b>	EVALUATED Ofc. Carte	ACTION REQUIRED N/A
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. ROADBLOCKS</b>	EVALUATED Ofc. Carte	ACTION REQUIRED N/A
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>10. RADIO FAMILIARIZATION</b>	EVALUATED Ofc. Carte	ACTION REQUIRED N/A
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Safety Equipment: A random patrol vehicle check was conducted and only one 500 ml bottle of saline solution was located.

Firearms: A training deficiency report on monthly pistol shoots, through ETRS indicated that multiple uniformed members were delinquent in their required shoots. After further review of the training officers records, it was apparent that monthly pistol shoots have been offered adequately, however the delinquent uniformed members have failed to show up to scheduled range shoots. Division recommends that management is involved in the process to ensure that all uniformed members abide by required policy indicated in HPM 70.8 Firearms manual.

## Memorandum

Date: April 3, 2008

To: Valley Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Oroville Area

File No.: 012.13057.13057.chinsp2008q1

Subject: FIRST QUARTER INFORMAL CHAPTER INSPECTION

Pursuant to Valley Division's memorandum dated October 15, 2007, regarding chapter inspections, the Oroville Area has scheduled quarterly informal chapter inspections. In accordance with that schedule, Oroville Area completed a Chapter 4, Facility Maintenance and Security, inspection during the first quarter of 2008.

If any additional information is needed, please do not hesitate to contact me at (530) 538-2700.



W. PERLSTEIN, Lieutenant  
Commander

# AREA MANAGEMENT EVALUATION

## OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

AREA Donner Pass I. F.	DIVISION Valley	NUMBER 223
EVALUATED BY Officer Carte and Officer Bews		DATE 09/17/2008

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW	DATE
1. <b>COMMAND INVOLVEMENT</b>		EVALUATED	ACTION REQUIRED
			CORRECTED

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the commander stress importance of proper enforcement tactics, including use of force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the safety record of the command reflect an awareness of proper tactics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do the captain and lieutenants maintain a minimum level of enforcement skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they attend officer safety training sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If they are not involved in officer safety, what are the reasons?		

## 2. TRAINING AND CERTIFICATION

EVALUATED Officer Carte	ACTION REQUIRED N/A	CORRECTED
----------------------------	------------------------	-----------

a. Do training records indicate formal training has been received and certified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:		
(a) Searching techniques.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Handcuffing.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Use of safety equipment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Suspect control.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) High risk and felony stops.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Hostage control.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Prisoner transportation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Radio control head operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?	Quarterly required training sessions are completed.	

(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3. SAFETY EQUIPMENT	EVALUATED Bews/Carte	ACTION REQUIRED N/A	CORRECTED

a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. FIREARMS</b>	EVALUATED Officer Carte	ACTION REQUIRED N/A
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### 5. PHYSICAL METHODS OF ARREST

EVALUATED Ofc. Carte	ACTION REQUIRED N/A	CORRECTED
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a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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c. Were observations of practical handcuffing techniques made? ☒ Yes ☐ No

(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative? ☒ Yes ☐ No

(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing? ☒ Yes ☐ No

d. Are all persons subjected to physical arrest searched for offensive weapons? ☒ Yes ☐ No

(1) Has the local jail's experience with CHP arrests been reviewed? ☒ Yes ☐ No

(2) Has a practical demonstration of preliminary frisks and thorough searches been observed? ☒ Yes ☐ No

(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy? ☒ Yes ☐ No

### 6. ENFORCEMENT TACTICS

EVALUATED  
Ofc. Carte

ACTION REQUIRED  
N/A

CORRECTED

a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop? ☒ Yes ☐ No

b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals? ☒ Yes ☐ No

(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented? ☒ Yes ☐ No

(a) Is the violator stop effectively made? ☒ Yes ☐ No

(b) Is the violator completely controlled? ☒ Yes ☐ No

(c) Is the prisoner properly prepared for transportation? ☒ Yes ☐ No

c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations? ☒ Yes ☐ No

(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction? ☒ Yes ☐ No

(2) Are officers aware of the need to maintain fire discipline at all times? ☒ Yes ☐ No

(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid? ☒ Yes ☐ No

(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents? ☒ Yes ☐ No

### 7. PURSUITS

EVALUATED  
Ofc. Carte

ACTION REQUIRED  
N/A

CORRECTED

a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits? ☒ Yes ☐ No

(1) Number of units? ☒ Yes ☐ No

(2) When to discontinue? ☒ Yes ☐ No

(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy? ☒ Yes ☐ No

(a) Where noncompliance is indicated, were corrective actions taken? ☒ Yes ☐ No

b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits? ☒ Yes ☐ No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8. FORCIBLE STOPS</b>	EVALUATED Ofc. Carte	ACTION REQUIRED N/A	CORRECTED
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>9. ROADBLOCKS</b>	EVALUATED Ofc. Carte	ACTION REQUIRED N/A	CORRECTED
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>10. RADIO FAMILIARIZATION</b>	EVALUATED Ofc. Carte	ACTION REQUIRED N/A	CORRECTED
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

# AREA MANAGEMENT EVALUATION

## OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

AREA Woodland	DIVISION Valley	NUMBER 280
EVALUATED BY Officer Donald Carte		DATE 08/14/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW Assistant Chief Sal Segura
		EVALUATED 08/14/2008	DATE 08/14/2008
1. COMMAND INVOLVEMENT		ACTION REQUIRED No	CORRECTED N/A

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the commander stress importance of proper enforcement tactics, including use of force?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the safety record of the command reflect an awareness of proper tactics?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do the captain and lieutenants maintain a minimum level of enforcement skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they attend officer safety training sessions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If they are not involved in officer safety, what are the reasons?		

2. TRAINING AND CERTIFICATION	EVALUATED 08/14/2008	ACTION REQUIRED No	CORRECTED
a. Do training records indicate formal training has been received and certified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:			
(a) Searching techniques.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Handcuffing.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(c) Use of safety equipment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(d) Suspect control.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(e) High risk and felony stops.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(f) Hostage control.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(g) Prisoner transportation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(h) Radio control head operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?	N/A	
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### 5. PHYSICAL METHODS OF ARREST

EVALUATED  
08/14/2008

ACTION REQUIRED  
No

CORRECTED

a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. ENFORCEMENT TACTICS</b>	EVALUATED 08/14/2008	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. PURSUITS</b>	EVALUATED 08/14/2008	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

8. FORCIBLE STOPS	EVALUATED 08/14/2008	ACTION REQUIRED No	CORRECTED
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

9. ROADBLOCKS	EVALUATED 08/14/2008	ACTION REQUIRED No	CORRECTED
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Have interagency training sessions been conducted?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

10. RADIO FAMILIARIZATION	EVALUATED 08/14/2008	ACTION REQUIRED No	CORRECTED
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Several ETRS records need to be updated to reflect equipment issued to personnel.

**AREA MANAGEMENT EVALUATION**

**OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

AREA Tracy	DIVISION Valley	NUMBER 266
EVALUATED BY Dickinson		DATE 09/25/2008

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 12/12/2008	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		BY _____	
<input type="checkbox"/> Correction Report		COMMANDER'S REVIEW	DATE
1. COMMAND INVOLVEMENT		EVALUATED	ACTION REQUIRED
			CORRECTED

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the commander stress importance of proper enforcement tactics, including use of force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the safety record of the command reflect an awareness of proper tactics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do the captain and lieutenants maintain a minimum level of enforcement skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they attend officer safety training sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If they are not involved in officer safety, what are the reasons?		

2. TRAINING AND CERTIFICATION	EVALUATED 9/25/08	ACTION REQUIRED	CORRECTED
a. Do training records indicate formal training has been received and certified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:			
(a) Searching techniques.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Handcuffing.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(c) Use of safety equipment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(d) Suspect control.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(e) High risk and felony stops.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(f) Hostage control.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(g) Prisoner transportation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(h) Radio control head operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a thorough review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**3. SAFETY EQUIPMENT**

	EVALUATED 9/25/08	ACTION REQUIRED	CORRECTED
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

#### 4. FIREARMS

	EVALUATED 9/25/08	ACTION REQUIRED 12/12/08	CORRECTED
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are shoots conducted as required by policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Have steps been taken to correct training deficiencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a designated alternate to the range officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(a) Has that officer received Academy training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

# **AREA MANAGEMENT EVALUATION** **OFFICER SAFETY**

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

### 5. PHYSICAL METHODS OF ARREST

EVALUATED  
9/25/08

ACTION REQUIRED

CORRECTED

a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**6. ENFORCEMENT TACTICS**EVALUATED  
9/25/08

ACTION REQUIRED

CORRECTED

a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**7. PURSUITS**EVALUATED  
9/25/08

ACTION REQUIRED

CORRECTED

a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****OFFICER SAFETY**

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**8. FORCIBLE STOPS**

EVALUATED

9/25/08

ACTION REQUIRED

CORRECTED

a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**9. ROADBLOCKS**

EVALUATED

9/25/08

ACTION REQUIRED

CORRECTED

a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**10. RADIO FAMILIARIZATION**

EVALUATED

9/25/08

ACTION REQUIRED

CORRECTED

a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

4. - FIREARMS - A. Range shoots are not conducted monthly as stated within guidelines established by HPM 70.8. The commander recognized this as an area needing improvement and is taking necessary steps to correct. B. One officer did not indicate on his 415 he had been to range training despite shoot records and ETRS documentation that he was present for training. Will check both in December.



**AREA MANAGEMENT EVALUATION**  
**OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

AREA Placerville	DIVISION Valley	NUMBER 245
EVALUATED BY Dickinson / Bews		DATE 09/09/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DATE	
BY		COMMANDER'S REVIEW	
1. COMMAND INVOLVEMENT		EVALUATED	ACTION REQUIRED
			CORRECTED

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☐ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☐ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☐ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☐ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☐ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☐ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☐ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☐ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION	EVALUATED 9/9/08	ACTION REQUIRED	CORRECTED
a. Do training records indicate formal training has been received and certified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:			
(a) Searching techniques.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(b) Handcuffing.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(c) Use of safety equipment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(d) Suspect control.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(e) High risk and felony stops.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(f) Hostage control.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(g) Prisoner transportation.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(h) Radio control head operation.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION**  
**OFFICER SAFETY**

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(2) Is the command dedicating enough time toward training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?	Based on overall evaluation this area needs to be looked at more closely to determine what training is actually being performed. ETRS indicates training is either not done or not recorded. PMA demonstrated was not within policy.	

(5) Have the supervisor and his/her alternate received proper training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>3. SAFETY EQUIPMENT</b>	<b>EVALUATED</b> 9/9/08	<b>ACTION REQUIRED</b>	<b>CORRECTED</b>
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, reholster and without looking at the holster, fasten the safety strap with one hand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. FIREARMS</b>	EVALUATED 9/9/08	ACTION REQUIRED
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## AREA MANAGEMENT EVALUATION

### OFFICER SAFETY

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Are all shotguns accounted for?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Beginning inventory determined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		

(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## 5. PHYSICAL METHODS OF ARREST

EVALUATED  
9/9/08

ACTION REQUIRED

CORRECTED

a. Do officers practice weaponless defense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. ENFORCEMENT TACTICS</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of preplanning and coordination with allied agencies to prepare beat officers for hostage situations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>7. PURSUITS</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8. FORCIBLE STOPS</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. ROADBLOCKS</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>10. RADIO FAMILIARIZATION</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
a. Are officers familiar with all aspects of the radio control head?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2 - ETRS showed one officer had not certified in PMA in two years 3 - No indication of any 311 inspections in 2008, area implementing plan to correct. 4 - Shoots are not conducted within policy. Area had shot September 2, 2008, previous shoot was June 16, 2008. One officer's records indicate he hasn't participated in a shoot since 2005. Ammunition is stored in evidence room, in violation of policy for both evidence and ammunition. No inventory records available for ammunition. Was unable to check a less lethal shotgun, which was wedged into a locker with regular shotguns and lethal ammo. Weapons officer did not know how to remove it from the locker. 5 - Observations were made of PMA techniques for compliant subjects. Two officers were selected by area. Neither officer showed competence in felony or misdemeanor handcuffing. Neither officer displayed competence in frisk or search techniques.

Boxes not checked in this evaluation were not inspected at this time.

Overall, area records and practical demonstration indicate non-compliance with departmental policies in several areas. A thorough, formal evaluation is recommended at a later date, to include sections 1, 7, 8, 9 and 10.